MEAL SUITE

Standard Operating Procedures

For Safe, Compliant Foodservice Operations



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MEAL SUITE

Introduction

Standard Operating Procedure (SOP) Manual is used to establish a comprehensive framework for consistent, safe, and high-quality food service operations across diverse settings—including healthcare facilities (such as long-term care and acute care), hospitality venues, corporate dining programs, correctional facilities, military and government institutions, and community feeding programs.

This manual serves as a foundational guide for food service staff, management, and stakeholders to ensure that all aspects of meal preparation, service, sanitation, and compliance are executed with excellence and in alignment with federal regulatory standards.

Food service in any given environment plays a critical role in supporting the health, well-being, and satisfaction of all those being served. As such, it demands a high level of professionalism, attention to detail, and adherence to best practices.

Goals & Objectives

This SOP manual aims to provide standardized procedures for safe, efficient, and compliant food service operations.

Objectives

1. **Standardization:** Provide clear, standardized procedures across all food service areas to ensure consistency in quality and safety.
2. **Compliance:** Align practices with applicable federal, state*, and local regulations, including CMS, USDA, FDA, & health department standards.
3. **Efficiency:** Streamline workflows to improve productivity and reduce waste.
4. **Individual-Centered Service:** Support personalized dietary needs and preferences through structured yet flexible service models that respect cultural, nutritional, and lifestyle considerations.
5. **Training & Development:** Serve as a reference tool for onboarding, ongoing education, and performance evaluation.
6. **Risk Management:** Identify and mitigate potential hazards related to food handling, storage, and service.
7. **Food Safety:** Minimize food safety risks and promote a clean, sanitary environment.
8. **Continuous Improvement:** Encourage regular review and updates to procedures based on feedback, audits, and evolving best practices.

***Note on State-Specific Adaptations**

While this SOP manual is rooted in federal regulations and industry's best practices, individual facilities are encouraged to supplement these procedures with state-specific requirements and local health department guidelines. Where applicable, references to state regulations will be noted, and facility leadership should ensure compliance with all jurisdictional mandates.

Scope

This SOP Manual applies to food service operations within long-term care, senior living, healthcare facilities, hospitality venues, and other applicable settings managed or supported by MealSuite.

It encompasses all aspects of food service delivery, including procurement, storage, preparation, meal service, sanitation, staff training, and compliance with regulatory standards.

The procedures outlined herein are designed to provide a consistent framework that supports high-quality, safe, and individual-centered food service across multiple facilities and geographic locations. While the core content adheres to federal regulations and industry best practices, individual facilities are responsible for integrating applicable state and local requirements. This manual serves as a foundational guide, with flexibility for site-specific adaptations to meet jurisdictional mandates and operational needs.

This SOP is intended for use by:

1. Dietitians, Food service directors and managers
2. Dietary staff and kitchen personnel
3. Compliance and quality assurance teams
4. Consultants & support staff involved in food service operations

Regulatory Framework

Purpose

To outline the regulatory foundation that governs food service operations, ensuring the highest standards of safety, quality, and compliance with federal, state, and local requirements across diverse food service management settings. This section establishes a consistent baseline for safety, quality, and legal adherence while allowing flexibility for site-specific adaptations.

Federal Regulations

1. **Centers for Medicare & Medicaid Services (CMS)**
   42 CFR § 483.60 – Food and Nutrition Services: Requires facilities to provide nourishing, palatable, well-balanced diets tailored to residents/patients' needs and preferences. It mandates qualified staffing, including registered dietitians or certified dietary managers, and outlines standards for menu planning, meal service, and sanitation.

2. **U.S. Food and Drug Administration (FDA)**
   FDA Food Code: Serves as the model for food safety practices in retail and institutional food service settings, nursing homes and healthcare facilities. It covers food handling, storage, sanitation, equipment standards, and employee hygiene.

3. **U.S. Department of Agriculture (USDA)**
   Oversee food safety and nutrition standards, particularly for facilities participating in federal nutrition programs. USDA guidelines influence menu planning, food procurement, and labeling practices.

4. **Occupational Safety and Health Administration (OSHA)**
   Provides regulations to ensure safe working conditions for food service staff, including standards for equipment safety, chemical handling, and workplace ergonomics.

5. **Centers for Disease Control and Prevention (CDC)**
   Food Service Guidelines for Federal Facilities: Offers best practices for healthy food environments, food safety, and sustainability. These guidelines are adaptable for any institutional facilities, including healthcare and senior living settings.

State and Local Regulations

State and local regulatory agencies may adopt the FDA Food Code (and health department regulations that govern food service operations in healthcare facilities) in full, adopt it with modifications (including more restrictive requirements), or develop their own food safety regulations.

These may include:

1. Licensing and certification requirements for food service staff
2. Sanitation and inspection protocols
3. Menu and dietary standards specific to long-term care
4. Construction and equipment standards for food service areas

Facilities must consult their state health department and local regulatory agencies to ensure full compliance. Resources such as the FDA's State Retail and Food Service Codes and the Association of Nutrition & Foodservice Professionals (ANFP) provide detailed state-by-state guidance.

Accreditation and Industry Standards

1. Joint Commission and DNV (Det Norske Veritas) accreditation bodies may impose additional standards for food service operations in healthcare settings.
2. Academy of Nutrition and Dietetics and Commission on Dietetic Registration (CDR) provide credentialing and practice standards for dietitians and nutrition professionals.

Food Safety, Sanitation & Infection Prevention

Purpose

To establish standards and practices that ensure food safety, maintain sanitary conditions, and prevent infection throughout food service operations. This section outlines personal hygiene requirements, illness control measures, and sanitation protocols in compliance with FDA Food Code, FDA Employee Health & Personal Hygiene Handbook, and OSHA regulations.

Federal Standards:

Follow the FDA Food Code and the FDA Employee Health & Personal Hygiene Handbook for hygiene and illness control; maintain sanitary facilities per OSHA.

Personal Hygiene & Illness Policy

Purpose

To define hygiene and illness prevention requirements for all food service employees, reducing the risk of contamination and ensuring safe food handling.

1. Handwashing
   - Wash with warm (or cold) running water and apply soap.
   - Lather both hands and scrub for at least 20 seconds or per county/state requirements; make sure to clean back of the hands, between fingers and under nails.
   - Rinse under running water.
   - Dry with an air dryer or single use towel. Use a step-on trash can or an open lid trash can to dispose of the towel.
   - Wash before & after food prep or glove use – gloves do not replace handwashing; wash after restroom use, touching face/hair, coughing/sneezing; before & after handling raw foods or switching tasks – wash as often as necessary.

2. Illness Reporting & Exclusions
   - Immediately report vomiting, diarrhea, jaundice, sore throat with fever, or diagnosed infections (e.g., Norovirus, Salmonella, Shigella, E. coli, Hepatitis A).
   - Restrict or exclude from working per FDA guidance until symptom free or medically cleared. Keep documentation of restrictions/return-to-work.

3. Attire & Grooming
   - Clean uniforms/outer clothing; hair (and beard) restrained.
   - Fingernails clean/trimmed; avoid polish/artificial nails.
   - Jewelry, limited to a plain ring.

4. Ready-to-Eat (RTE) Food Handling
   - No bare-hand contact with RTE foods; use gloves, utensils, or deli tissue.
   - Change gloves between tasks and when soiled/damaged.

5. **Prohibited Behaviors in Food Prep Areas**
   - No eating, drinking, smoking, or chewing gum.
   - Do not handle food when ill or with uncovered wounds.
   - Cover minor wounds with water-proof bandage & wear a single-use glove over the bandage.

6. **Personal Items**
   - Store bags, phones, street clothes outside prep zones; keep aprons in food areas only.

7. **Training & Compliance**
   - Provide annual training (more often as needed) on hygiene/illness standards.
   - Follow state-specific training & compliance guidelines

8. **Records & Monitoring**
   - Report to supervisor before starting a shift or if you have had any exposure.
   - Maintain training/illness logs and Food Handler certificates.
   - Supervisors conduct spot checks and document corrective actions.
   - Logs to be reviewed weekly by manager and retained for 5 years, or per facility policy. (source: OSHA Forms for Recording Work-Related Injuries and Illnesses)

Temperature Control

Purpose

To ensure the safe handling of Time/Temperature Control for Safety (TCS) foods by maintaining proper temperatures during holding, cooking, cooling, reheating, and monitoring. This section establishes standards based on the FDA Food Code to prevent foodborne illness and ensure compliance through accurate temperature checks and corrective actions. Please also see detailed table in "Temperature guidelines" in the "Food Production & Service" section of this manual.

Federal Standard:

Adhere to FDA Food Code time/temperature controls for safety (TCS).

Holding

- **Cold holding:** ≤ 41°F (5°C)
- **Hot holding:** ≥ 135°F (57°C)

Cooking (Minimum Internal Temperatures)

- **Poultry (whole/ground/stuffed), stuffed meat & stuffed pasta:** 165°F (74°C) for <1 second/instantaneous
- **Ground meats and eggs (hot hold):** 155°F (68°C) for 17 seconds
- **Seafood & whole muscle meats, as well as eggs for Immediate service:** 145°F (63°C) for 15 seconds (allow rest per Food Code or per local regulations)
- **Hot-held fruits, vegetables, and commercially processed ready-to-eat foods:** 135°F (57°C)

Cooling (Two-Step-Step)

- 135°F → 70°F (57°C to 21°C) within 2 hours, then 70°F → 41°F (21°C to 5°C) within 4 hours (total ≤ 6 hours).

Reheating

- **RTE foods previously cooked/cooled:** ≥ 165°F for 15 seconds within 2 hours.

Monitoring & Corrective Actions

1. Use calibrated thermometers.
2. Log temps at cooking, holding, cooling, reheating to ensure accurate record-keeping.
3. Correct out-of-range temps immediately (reheat, rapid chill, or discard per policy).

Cleaning & Sanitizing Area & Equipment

Purpose

To establish procedures for cleaning and sanitizing food contact surfaces, equipment, and warewashing areas to prevent contamination and ensure compliance with food safety standards. This section outlines proper methods, chemical concentrations, and monitoring practices in alignment with FDA Food Code requirements.

Federal Standard:

Follow FDA Food Code cleaning/sanitizing procedures and frequencies.

1. Three Compartment Sink (Manual Warewashing)
   - Wash (detergent, ≥110°F/43°C) → Rinse (clean water) → Sanitize (approved chemical) → Air-dry.
   - Sanitizer concentrations options (prioritize the EPA-registered label and verify label/state adoption):
     - **Chlorine:** 50–100 ppm; contact time of at least 10 seconds; minimum temperature 75°F (24°C), pH <8.0
     - **Quats:** per manufacturer (commonly ~200–400 ppm); contact time of at least 30 seconds; minimum temperature 75°F (24°C),
     - **Iodine:** 12.5–<25 ppm; contact time of at least 30 seconds; minimum temperature 68°F (20°C), pH <5.0
     - **Two-in-one, no-rinse food-contact sanitizer; for example, mixed-acid (Lactic Acid/DDBSA):** typically, 704–1875 ppm Lactic Acid and 272–700 ppm DDBSA; contact time of at least 1 minute for bacteria; effective at any temperature per EPA-registered label instructions.
   - Use the appropriate litmus test strips to verify concentration of the sanitizers being used. There are specific litmus strips for each sanitizer type (chlorine, quats, iodine, and two-in-one option).
   - Ensure the litmus test strips have not past the expiration date.

2. Dish machines
   - High -temp: Check final rinse ≥ 160–165°F; manifold temp for high temp machines must be 165°F or higher. Surface temperature must be 160°F at surface (per device/state code).
   - Chemical -sanitizing (low-temperature sanitizing): Maintain required ppm per product spec; verify before each use, typically before each meal or 3 times daily.

3. Food Contact-Surfaces
   - Wash → Rinse → Sanitize between raw/RTE tasks and at least every 4 hours during continuous use.
   - Air-dry; do not towel dry.

4. Equipment (In-Place & Disassembled)
   - Parts that can be removed, should be removed cleaned and sanitized per manufacturer guidelines; clean fixed parts in place per manufacturer.
   - Keep cleaning logs; supervisor sign-off.

Infection Prevention

Purpose

To implement infection control practices that minimize the risk of foodborne illness and communicable disease transmission in food service environments. This section combines FDA Food Code requirements with CDC infection prevention guidelines and, for long-term care facilities, CMS surveyor guidance to ensure comprehensive protection for staff and residents.

Federal Standard:

Combine FDA Food Code practices with CDC infection control -control guidance in food environments; LTC facilities also reference CMS surveyor guidance (Appendix PP – §483.60).

1. PPE (Personal Protective Equipment) & Wounds
   - Wear gloves and aprons when handling ready-to-eat (RTE) foods, performing cleaning tasks, or handling chemicals.
   - Cover any cuts, burns, or sores on hands or wrists with a waterproof, impermeable bandage, and then wear a single-use glove over it (FDA Food Code requirement).
   - Change gloves when soiled, torn, or when switching between raw and RTE tasks.
   - Food workers with infected wounds on their hands should be restricted from direct food contact until properly covered per code.

2. Cross-Contamination Controls
   - Keep raw animal foods completely separate from RTE foods, both in storage (top-to-bottom shelving order) and during preparation.
   - Use color-coded cutting boards, knives, and utensils for raw meats, produce, allergens, and RTE foods.
   - Designate separate prep areas or equipment (e.g., slicers) for allergens and RTE items, cleaning and sanitizing between uses.
   - Store wiping cloths in properly prepared sanitizer solutions and use them only for their designated purpose.

3. High Touch Surface Disinfection
   - Increase cleaning and disinfection frequency for high-touch surfaces such as door handles, light switches, faucet handles, refrigerator handles, prep counters, Point of Sale (POS) screens, and equipment controls.
   - Use EPA-registered disinfectants, ensuring they are appropriate for food-contact or non-food-contact surfaces.
   - Follow manufacturer's label instructions for dilution, contact time, and required rinsing (especially for food-contact surfaces).
   - Document cleaning in sanitation logs where applicable.

4. Vomiting/Diarrheal Event Response
   - Follow FDA Food Code and CDC norovirus cleanup guidelines for any vomiting or diarrheal event.
   - Immediately restrict access to the affected area and contain the spill.
   - Use EPA-registered disinfectants effective against norovirus; follow required contact times.
   - Dispose of contaminated materials safely in sealed bags; wash, rinse, and sanitize all affected surfaces.
   - Food workers must wash their hands thoroughly with soap and warm water after cleaning up.
   - Keep the written cleanup procedure easily accessible and train staff annually (more often if incidents occur).

Waste Management

Purpose

To establish procedures for safe handling, storage, and removal of waste to prevent contamination, control pests, and maintain sanitary conditions. This section aligns with FDA Food Code requirements and local regulations for managing refuse, recyclables, and special waste such as grease.

Federal Standard:

Manage refuse, recyclables, and returnable in a manner that prevents contamination and minimizes pest attraction, consistent with the FDA Food Code and local/state waste handling rules.

1. Containers & Storage
   - Use durable, leak-proof, cleanable containers with tight-fitting lids.
   - Keep all waste containers covered when not in immediate use to prevent odors and pest access.
   - Store waste separate from food, equipment, clean utensils, and ware washing areas to prevent contamination.
   - Clean and sanitize waste containers as needed to control spills and odors.

2. Removal Frequency
   - Remove waste from kitchen and service areas daily or more often if containers become full, malodorous, or attract pests.
   - Maintain outdoor waste areas by keeping bins closed, clean, and free of spills.
   - Clean and disinfect indoor and outdoor waste areas routinely per your facility cleaning schedule.

3. Grease & Special Waste
   - Manage grease via approved grease interceptors and/or licensed waste hauler pickup, documenting service as required by local regulations.
   - Store used grease in closed, labeled containers located away from food prep and storage areas.
   - Follow local or state requirements for food scrap diversion, composting, or specialty recycling programs where applicable.
   - Prevent spills by using secondary containment when storing liquid waste or grease.

Pest control

Purpose

To maintain a pest-free environment by implementing proactive monitoring and integrated pest management (IPM) strategies, preventing hazards that compromise food safety.

Federal Standard:

- FDA Food Code (Chapter 6: Physical Facilities – Controlling Pests [6-501.111])
- FSMA Preventive Controls for Human Food (21 CFR Part 117)
- FDA Compliance Policy Guide Sec. 555.600 [fda.gov]

Monitoring, Documenting, Corrective Actions

1. Monitoring & Documentation
   - Inspect facility weekly for signs of pests (droppings, nests, damage).
   - Maintain a pest sighting log and corrective action records.

2. Preventive Measures
   - Seal cracks, gaps, and entry points.
   - Store food off the floor and in sealed containers.
   - Remove waste daily or as often as needed and clean waste areas as.

3. Professional Services
   - Contract licensed pest control provider for routine service.
   - Keep service reports on file for regulatory review.

4. Corrective Actions
   - If infestation is detected, isolate affected areas, discard contaminated food, and sanitize surfaces.
   - Notify management and pest control immediately.

Responsibilities:

1. **Food Service Manager:** Oversees pest control program and documentation.
2. **Staff:** Report sightings immediately and follow sanitation practices.

Recalls

Purpose

To establish a clear, effective process for identifying, executing, and documenting food recalls to protect public health and ensure regulatory compliance.

Federal Standard:

- FDA 21 CFR Part 7 Subpart C (Recalls)
- FDA Regulatory Procedures Manual, Chapter 7
- FSMA requirements for traceability and preventive controls

Monitoring, Documenting, Corrective Actions

1. Recall Identification
   - Monitor FDA/USDA alerts and vendor notifications daily.
   - Verify affected products against inventory.

2. Immediate Actions
   - Stop use and service of affected product.
   - Quarantine product in a labeled "Do Not Use" area.

3. Communication
   - Notify staff, management, and affected sites.
   - Post recall notice in food prep areas.

4. Documentation
   - Complete recall log: product name, lot number, UPC code, quantity, date removed, disposal method.
   - Maintain records for a minimum of 2 years.

5. Disposal or Return
   - Follow vendor or regulatory instructions for disposal or return.
   - Sanitize storage areas after removal.

Responsibilities:

1. Food Service Manager: Coordinates recall process and ensures compliance.
2. Staff: Follow instructions for product removal and documentation.

Food Procurement & Storage

Purpose

To ensure safe, compliant procurement, receipt, storage, rotation, and emergency readiness for all food items, minimizing contamination, spoilage, and waste while maintaining full adherence to FDA Food Code and FSMA (21 CFR Part 117) requirements. This applies to all staff involved in purchasing, receiving, storing, issuing, and managing emergency food and water supplies across all food service operations covered by this SOP.

Key Definitions

1. **TCS Foods:** Time/Temperature Control for Safety foods that require control of time and temperature to limit pathogen growth (per FDA Food Code).
2. **FIFO:** "First-In, First-Out" stock rotation method to use oldest acceptable-dated products first. (FDA Food Code recommends date marking for RTE TCS foods.)
3. **Approved Supplier:** A vendor verified under a written, risk-based supply-chain program per 21 CFR 117 Subpart G.

Federal Standards:

1. **FDA Food Code (2022 edition)**—model retail food safety code (cold ≤41°F; separation of raw from RTE; protection during storage; date marking of RTE TCS, etc.).
2. **FSMA / 21 CFR Part 117**—CGMPs, hazard analysis, preventive controls; supply-chain program (Subpart G); warehousing & distribution; recall plan
3. **Date Marking (7-day)**—FDA Food Code §3-501.17: RTE TCS foods held ≤41°F for >24 hours must be date-marked and held no more than 7 days.
4. **Emergency Food & Water**—FDA/CDC/USDA consumer guidance for power outages and disasters (40°F refrigerator / 0°F freezer targets, 4-hour refrigerator window, discard rules; 72-hour water guidance)

Vendor Approval (Supply-Chain Program)

Purpose

To ensure all food products are sourced from approved, licensed, and verified suppliers that meet applicable food safety, quality, and regulatory requirements, reducing the risk of contamination, adulteration, and supplychainrelated hazards in compliance with FDA Food Code and FSMA (21 CFR Part 117) standards.

1. **Approved Vendor List (AVL)**
   - Maintain a current AVL with licenses, inspection/third-party audit status (e.g., GFSI [Global Food safety Initiative] schemes), and recall history.

2. **Risk-Based Supplier Verification**
   - Implement a written supply-chain program for ingredients with hazards requiring a supply-chain-applied control; define verification activity (COA (certification of analysis) review, onsite audit, sampling/testing) and frequency per 21 CFR 117 Subpart G.

3. **Initial Setup & Annual Review**
   - Prior to first purchase and at least annually, assess food safety plans (HACCP/PC [preventative control]), allergen controls, temperature control in transit, and corrective action history; document per §117.475.

4. **Receiving Controls (at Delivery)**
   - Verify truck cleanliness, packaging integrity, product temperatures, seals, and dates; reject if adulterated, out-of-temp, or from non-approved suppliers.

Receiving Deliveries

Purpose

To ensure all food and supplies received at the facility are safe, unadulterated, and compliant with FDA Food Code requirements before entering storage or production.

Federal Standard:

1. FDA Food Code (Chapter 3 – Food; Chapter 4 – Equipment)
2. FSMA CGMPs (21 CFR 117 Subpart B)

Procedures:

1. General Receiving Practices
   - Receive deliveries during operational hours with trained staff present.
   - Inspect deliveries before acceptance.
   - Reject products that show signs of contamination, damage, or temperature abuse.

2. Temperature Verification
   - Refrigerated TCS foods: ≤ 41°F (5°C)
   - Frozen foods: solid frozen, no evidence of thawing
   - Hot foods (if received): ≥ 135°F (57°C)

3. Product Condition Inspection
   - Packaging is intact, clean, and free from tears, dents, swelling, rust, or leakage.
   - Labels are legible with product name and manufacturer information.
   - Shellfish tags and other required documentation is present when applicable.

4. Vehicle & Transport Inspection
   - Delivery vehicles clean and free of pests.
   - No chemicals or non-food items stored with food.

5. Documentation & Corrective Actions
   - Log temperatures and inspection results.
   - Reject and document any product that does not meet product condition inspection.
   - Notify supervisor and vendor immediately if product is rejected.

Responsibilities:

1. Receiving Staff: Inspect, measure, and document deliveries.
2. Food Service Manager: Verify compliance and address vendor issues.

Storage Standards

Purpose

To ensure all food items are stored under conditions that maintain safety, quality, and integrity by preventing contamination, controlling time and temperature, and supporting compliance with FDA Food Code and FSMA requirements.

1. Temperature Targets
   - Refrigerated (RTE/TCS): ≤41°F (5°C);
   - Frozen: ≤0°F (-18°C);
   - Dry storage: ~50–70°F with ≤ 60% relative humidity, or as required by product specifications.

2. Arrangement & Protection
   - Store raw animal foods below ready-to-eat (RTE) foods to prevent cross-contamination.
   - Cover, label, and date all opened or prepared items.
   - Keep food stored at least 6 inches off the floor and away from walls to allow cleaning and inspection.
   - Store food separately from chemicals, cleaning agents, and non-food items.
   - Protect stored food from overhead contamination, dust, and condensate.

3. Aisle Maintenance
   - Maintain aisles clear and unobstructed, and of sufficient width to allow safe movement, cleaning, inspection, and stock rotation, and to meet OSHA, fire code, and emergency egress requirements.

     Best practice guidelines:
     - Minimum 36 inches for pedestrian aisles (aligns with fire and accessibility norms).
     - Minimum 48 inches where carts or equipment are routinely used.

4. Shelving & Housekeeping
   - Use durable, smooth, easily cleanable, rust-free shelving.
   - Maintain aisles and shelving free of clutter to support FIFO and sanitation.
   - Follow a routine cleaning schedule, with documentation, to prevent buildup of debris and pest harborage.

5. Temperature Monitoring
   - Place appliance thermometers in all refrigeration, freezer, and cold-holding units.
   - Verify and document temperatures daily or per facility policy.
   - Take immediate corrective action if storage temperatures fall outside approved ranges.

FIFO

Purpose

To ensure proper stock rotation and timely use of food products by using the First-In, First-Out (FIFO) method, reducing waste and preventing the service of expired or unsafe food in accordance with FDA Food Code date-marking requirements.

1. Date Marking (RTE TCS)
   - Mark prep/open date and discard date (7 days max including day of prep/open) when held at ≤41°F for >24 hours per Food Code §3-501.17.
   - If food is transferred to a different container or if the product name is not clearly visible, a name and date should be placed on the new container.

2. Rotation & Consolidation
   - Stock newest behind oldest; when combining batches, the earliest date governs; remove/discard any distressed containers (swollen/leaking) or expired items. (FDA/AFDO guidance.)

3. Verification
   - Supervisors perform weekly shelf audits for FIFO, date marking accuracy, and discard compliance; record findings.

Emergency Supply Management

Purpose

To ensure continuity of safe food service operations during emergencies by maintaining adequate emergency food and water supplies, protecting food from temperature abuse and contamination, and following FDA, USDA, and CDC guidance during power outages, natural disasters, or supply chain disruptions.

1. **Stock Levels**
   Maintain ≥72-hour supply of shelf-stable food and potable water (plan for ≥1 gallon per person per day as baseline), adjusted per population and regulatory requirements. Note: state and local (e.g., county or municipal) regulations may have different or more restrictive requirements; in such cases, those specific requirements must be followed.

2. **Storage & Rotation**
   Segregate emergency stock; apply FIFO; review quarterly; replace nearing-expiration items. (General emergency readiness best practice.)

3. **Equipment & Supplies**
   Maintain manual can openers, coolers, gel packs/ice plan, backup thermometers; identify sources for dry ice/block ice.

4. **Power Interruption Protocol**
   Keep doors closed; refrigerator food stays safe about 4 hours if unopened; freezers: 48 hours (full) / 24 hours (half-full). After 4 hours above 40°F, discard refrigerated perishables (meat, dairy, cut produce, leftovers). When in doubt, throw it out. Document dispositions.

5. **Communication & Incident Records**
   Notify leadership; post limited/emergency menu if needed; record temperatures, times, and discards for regulatory review.

Responsibilities for Procurement & Storage

1. Nutrition/Foodservice Manager
   - Owns AVL and supplier verification program.
   - Approves/reviews vendors annually.
   - Ensures storage/rotation compliance.
   - Leads emergency response and documentation.

2. Receiving Personnel
   - Inspect deliveries (source, integrity, temps, dates).
   - Reject non-conforming products.
   - Log receiving data.

3. Storeroom Staff
   - Maintain organization, separation, temperatures, and sanitation.
   - Apply FIFO and date marking.
   - Conduct weekly shelf audits.

4. All Staff
   - Report temperature excursions, distressed products, pest activity, or emergencies immediately.

Monitoring, Corrective Actions & Records for Procurement & Storage

1. Monitoring
   - Daily unit temperatures (refrigeration/freezer) and dry storage conditions.
   - Weekly shelf audits for FIFO/date marking.
   - Supplier performance reviews at least annually.

2. Corrective Actions
   - If unit temp exceeds limits:
     - Rapidly chill, relocate, or discard per FDA/USDA guidance.
     - Service equipment and document corrective action.
   - If supplier nonconformance is identified:
     - Place supplier on probation, require corrective action (CAPA), or remove from AVL.
     - Update the supplier risk assessment in accordance with 21 CFR 117 Subpart G.

3. Records (retain per policy and regulatory minimums)
   - AVL and supplier verification files (e.g., audits, certification of analysis [COAs]) per §117.475.
   - Receiving logs; temperature logs; cleaning logs; emergency incident logs (temps, product disposition)

Food Production & Service

Purpose

Food production and service in a healthcare facility directly affects residents' and patients' health, satisfaction, and safety. The purpose of this policy is to ensure that all meals and beverages are prepared, served and stored according to evidence-based food safety practices and resident/patient-centered care principles.

Food production and service shall comply with federal standards such as:

1. The Centers for Medicare & Medicaid Services (CMS) regulations
2. The Food and Drug Administration (FDA) Food Code
3. Accepted dietary guidelines for long-term care settings

All employees involved in food preparation or service must adhere to established standards, recipes, and temperature controls to prevent foodborne illness and maintain nutritional adequacy.

Standardized recipes

Standardized recipes are essential to maintaining product consistency, nutritional value, and cost control. Every recipe used within the facility should be developed, tested, and approved by the Food and Nutrition Services Manager or Registered Dietitian (RD) and reviewed annually or whenever menu changes occur.

All recipes used in production must be standardized to ensure consistent quality, yield, and nutritional content. Recipes must include:

- Critical Control Points (CCP) per HACCP guidelines
- Precise measurements of ingredients
- Cooking methods and preparation steps
- Portion yields
- Allergen information
- Texture modification instructions

Recipe binders or digital databases should be readily accessible to kitchen staff and updated annually or whenever menu revisions occur.

Using standardized recipes ensures that every resident and patient receives the intended nutritional benefit regardless of which cook is preparing the meal.

Portion control

Portion control safeguards nutritional adequacy while managing food costs and waste.

Portion sizes must be accurately measured using standard portioning tools as defined in the recipe or menu portion guide to ensure residents and patients receive the appropriate dietary and caloric intake according to their care plan. Appropriate utensils to measure standard serving sizes include but are not limited to:

- Scoops
- Ladles
- Scales

Training on proper portioning should be provided during orientation and reinforced during audits. Over-portioning may result in shortages or nutritional imbalances, while under-portioning can contribute to malnutrition or resident/patient dissatisfaction, particularly those on therapeutic diets.

Temperature guidelines

Adherence to temperature guidelines is a non-negotiable aspect of food safety. All potentially hazardous foods must be cooked to minimum internal temperatures as defined by the FDA Food Code:

Food Type	Internal temperature
Beef, Pork, Veal, and Lamb (chops, roasts, steaks)	145°F (63°C) with a 3-minute rest time
Ground Meat	155°F (68°C) for 17 seconds
Ham, uncooked (fresh or smoked)	145°F (63°C) with a 3-minute rest time
Ham, fully cooked (to reheat)	140°F (60°C)
Poultry (ground, parts, whole, and stuffing)	165°F (74°C)
Eggs (hot holding)	155°F (68°C) for 17 seconds
Eggs (immediate service)	145°F (63°C) for 15 seconds
Egg Dishes	160°F (71°C)
Fin Fish	145°F (63°C) for 15 seconds or flesh is opaque & separates easily with fork
Shrimp, Lobster, and Crabs	145°F (63°C) or flesh pearly & opaque
Clams, Oysters, and Mussels	Shells open during cooking
Scallops	Flesh is milky white or opaque and firm
Leftovers and Casseroles	165°F (74°C)

FDA and USDA
All food must be cooked, held, and served at temperatures that prevent the growth of harmful microorganisms. Temperatures should be maintained as follow or as per state/country requirements.

Holding Type	Internal temperature
Hot Food Holding	135°F (57°C)
Cold Food Holding	41°F (5°C) or below
Reheating of Leftovers	Minimum 165°F (74°C).

Temperature logs must be retained by the facility policy and maintained at each critical point:

- Cooking
- Holding
- Cooling
- Reheating

Equipment such as thermometers and temperature probes must be calibrated regularly. Failure to maintain safe food temperatures can lead to bacterial growth and illness outbreaks, which are reportable to health authorities.

Modified diets

Residents and patients often require specialized diets due to medical conditions such as dysphagia, diabetes, or renal disease. Modified diets, including texture-modification (e.g. pureed, minced and moist), fluid consistencies (e.g. moderately thick, mildly thick) and therapeutic diets (e.g. No Added Salt (NAS), Renal)

- Meals should be prepared according to each resident or patient's diet order and reviewed regularly for accuracy.
- Staff should be familiar with each modification texture, fluid consistency, and nutrient specifications (e.g., pureed, minced and moist, thickened liquids).
- Proper labeling, separation, and verification are essential to prevent cross-contact or service errors.

Documentation of diet modifications should be updated immediately following any changes in a resident's and patient's care plan.

Allergen management

The following are federally mandated allergens. It is important, however, to thoroughly review food labels for additional allergens maintained outside of these:

- Milk
- Eggs
- Fish (e.g., bass, flounder, cod)
- Crustacean shellfish (e.g., crab, lobster, shrimp)
- Tree nuts (e.g., almonds, walnuts, pecans)
- Peanuts
- Wheat
- Soybeans
- Sesame

Food allergies pose serious risks and must be managed with diligence.

- A master list of resident/patient allergies should be maintained in both the kitchen and nursing departments.
- Allergen-free meals must be clearly labeled, handled with separate utensils, and verified by supervisory staff prior to service.
- Training in allergen awareness, cross-contact prevention, and emergency procedures for allergic reactions should occur regularly.

Communication between dietary and nursing staff is crucial to ensure timely updates to allergy lists and diet orders.

Meal service

Meal service should promote dignity, choice, and quality of life for residents and patients. Staff are expected to ensure meals are served attractively, at appropriate temperatures, and aligned with the residents' and patients' care plan.

- Tray accuracy must be verified before delivery, and meals should be distributed within a timeframe that maintains quality and temperature integrity.
- Dining environments, whether communal or in-room - must be clean, calm, and inclusive while respecting resident choices and preferences.
- Assistance with feeding should be respectful and supportive of the residents and patients' independence.

Hydration

Adequate drinks, including water and other liquids consistent with resident needs and preferences and sufficient to maintain resident hydration per CMS guidelines, shall be provided throughout the day, including meals, between meals, and during evening service, with special attention to residents/patients at risk of dehydration.

Late Meals

Late or alternative meals must be available for residents/patients who miss scheduled dining times, ensuring no one goes without nourishment. These provisions must be documented to maintain continuity of care and accountability.

Nutrition & Clinical Coordination

Purpose

To provide comprehensive nutrition care through collaboration among dietary, nursing, and clinical teams, ensuring that each resident's and patient's dietary needs and preferences are met safely and effectively.

Menu Planning

Menus must meet the nutritional requirements of residents in accordance with current Dietary Guidelines for Americans and facility policy.

- The menu should be nutritionally adequate, appealing, and responsive to residents/patient preferences. Seasonal variety and cultural sensitivity are encouraged.
- Menus must also provide for therapeutic and texture-modified diets, ensuring that substitutions maintain nutritional balance.
- Resident/patient input through food councils or surveys should inform menu development.

Therapeutic Diets

Therapeutic diets are prescribed to address specific medical conditions, and accuracy is essential.

- Therapeutic diets shall be prescribed by the attending physician and developed in coordination with the RD.
- Staff must be trained in preparing and serving these diets correctly.
- Diet orders must be communicated accurately to food production areas and implemented consistently.

Collaboration with Nursing

Regular interdisciplinary communication ensures that dietary interventions align with each resident's and patient's care plan. The following must be promptly reported:

- Weight changes
- Swallowing difficulties
- Altered appetites

Joint rounds, nutrition risk meetings, and care conferences are critical for reviewing progress and adjusting interventions.

Documentation of Intake

Food and fluid intake records are vital for identifying residents/patients at nutritional risk. Meal and fluid intake shall be documented in accordance with facility policy. Staff must record variances such as:

- Poor appetite
- Meal refusals
- Special assistance provided

This documentation supports timely nutritional assessments and interventions by the RD. Documentation also serves as legal protection and supports regulatory compliance.

Resident/Patient-Centered Dining

Resident/patient choice and dignity are core principles of dining service and quality of life.

The department should foster autonomy by allowing residents and patients to choose seating, meal timing, and portion size where feasible, as well having accessibility to adaptive cutlery. Flexible service options such as “restaurant-style dining” or extended meal hours support this approach.

Staff must be trained to create a positive, respectful dining environment that enhances mealtime enjoyment.

Quality Assurance & Compliance

Purpose

Quality assurance (QA) is an ongoing process of evaluation, correction, and improvement. It ensures that dietary services meet regulatory expectations and resident/patient needs consistently.

Food Safety Audits

Routine audits help identify gaps before they become compliance issues.
Internal audits should review:

- Temperature logs
- Sanitation practices
- Storage
- Labeling
- Service practices

Results must be shared with management and corrective actions implemented immediately. Documentation of findings demonstrates proactive compliance.

HACCP Monitoring

Hazard Analysis Critical Control Point (HACCP) system identifies critical control points to prevent foodborne illness.

Principles shall guide all food production and storage activities. Critical control points (such as cooking, holding, and cooling) must be monitored and documented daily.

Corrective Actions

Deficiencies or noncompliance identified during audits or inspections must be addressed through written corrective action plans.

Plans should outline:

- Issue
- Responsible personnel
- Corrective measures
- Follow-up verification

Maintaining a transparent corrective action log demonstrates accountability and continuous improvement.

Resident and Patient Feedback

Resident/patient satisfaction drives quality improvement. Feedback should be collected through but not limited to:

- Surveys
- Suggestion boxes
- Resident/Patient council meetings

Patterns of concern - such as repetitive complaints - must prompt review and intervention.

Continuous Staff Training

Ongoing education and competency development is essential to ensure standards and regulatory compliance requirements are met. Topics may include but are not limited to:

- Conducting regular in-service sessions on infection prevention, documentation, accuracy, resident/patient rights.
- Review and update training materials to reflect changes in legislation, accreditation standards, and evidence-based best practice.
- Maintain clear records of certifications, licensure, and continuing education requirements for all clinical and support staff.

Annual competency evaluations are encouraged as they reinforce ongoing learning and maintain readiness for inspections.

Human Resources & Training

Purpose

To ensure the Food & Nutrition Services Department has trained, capable staff who can safely prepare and serve food, follow regulations, and meet resident/patient needs. This section supports consistent performance, reduces risk, and helps maintain a positive, safe workplace environment.

Orientation

New employees must complete all orientation materials before working on their own.
Orientation must include:

- Basic food safety and hygiene practices
- Resident and patient rights and privacy
- Emergency and fire procedures
- A review of job duties and daily tasks
- Safe equipment uses and kitchen rules

Orientation records must be kept in the employee's personnel file before they begin independent work.

In-Service Training

Ongoing training must be provided throughout the year to ensure staff stay up to date.
In-service topics may include:

- HACCP procedures and critical control points
- Proper cleaning and sanitizing techniques
- Diet textures, allergies, and therapeutic diets
- Customer service and communication with residents and patients
- Safe food storage and handling practices
- Infection control and dietary standards

Supervisors must review attendance to ensure all employees meet annual training requirements.

Evaluations

All employees will receive a performance evaluation at least once a year or as per facility regulations.
Evaluations include:

- Skill level and accuracy in completing job tasks
- Following safety rules and department policies
- Teamwork, professionalism, and communication
- Feedback from residents/patients and other departments

Supervisors must discuss evaluations with each employee and create action plans if improvement is needed. Completed evaluations must be kept in personnel files.

Scheduling

Schedules must ensure there are enough staff to provide safe, efficient, and high-quality meal service. Scheduling should:

- Cover peak times such as meal preparation and service
- Allow for breaks while still maintaining safe food handling
- Plan for coverage during staff vacations, sick days, or training
- Ensure required positions (e.g., cooks, aides, dishwashing staff) are always filled

The supervisor is responsible for adjusting schedules to meet department needs while following labor rules.

Workplace Safety

All staff must follow workplace safety rules and comply with Occupational Safety and Health Administration (OSHA) standards as well as facility policies. Requirements include:

- Using personal protective equipment (PPE) when needed
- Reporting hazards, broken equipment, or unsafe practices
- Proper lifting techniques
- Safe use of chemicals
- Knowing emergency exits and procedures

If an injury occurs, an incident report must be completed immediately and submitted to the supervisor. Follow-up actions must be documented.

Emergency/Disaster Planning & Preparedness

Purpose

To ensure the safe provision of food and hydration during emergencies, such as power outages, natural disasters, or public health crises. This ensures everyone's health and nutritional needs are met even when normal operations are disrupted.

Power Outage Protocols

During a power outage, food safety is critical. Staff should:

- Maintain an emergency supply of nonperishable food and bottled water for at least three days.
- Keep the refrigerator and freezer doors closed as much as possible to preserve temperature.
- Check food temperatures regularly.
- Discard any food that may have become unsafe according to policy.
- Use flashlights or battery-powered devices to monitor food safely.

Natural Disaster Planning

Emergency preparedness requires clear planning and coordination. Key points include:

- Menus should include foods that are easy to prepare and meet residents' and patients' nutritional and therapeutic needs.
- Plans must align with the facility's overall emergency operations plan.
- Communication methods should be established and practiced.
- Review and update disaster plans regularly to ensure readiness.

Staff roles, responsibilities, and communication methods should be clearly defined, so everyone knows what to do before, during, and after a disaster.

Pandemic/Infection Control Dining Practices

During outbreaks or pandemics, infection prevention is the top priority. Dining may need to change, including:

- Serving meals in residents' and patients' rooms when needed.
- Using disposable plates, cups, and utensils to reduce contamination.
- Limiting dining area capacity to maintain physical distancing.
- Training staff on proper hand hygiene, cleaning, and disinfecting practices.

All procedures should follow the latest Centers for Disease Control and Prevention (CDC) and Centers for Medicare & Medicaid Services (CMS) guidance to keep residents/patients and staff safe.

Documentation & Record Keeping

Purpose

To maintain clear, accurate, and complete records that support food safety, regulatory compliance, quality assurance, and accountability in the Food & Nutrition Services Department. Keeping organized and reliable records helps track trends, correct problems, and demonstrate that the facility meets all standards.

Temperature Logs

All cooking, holding, cooling, and refrigeration temperatures must be checked and documented at the required times. Staff must:

- Record temperatures using calibrated thermometers
- Correct any temperature problems right away and document the action taken
- Keep logs for at least one year or longer if local regulations require

Supervisors must review logs regularly to ensure accuracy and completeness.

Sanitation Logs

Daily cleaning and sanitizing tasks must be recorded, including:

- Dishwashing machine temperatures or chemical concentrations
- Cleaning of food contact surfaces
- Equipment sanitizing schedules
- End-of-day cleaning routines

A supervisor must review the logs weekly to confirm the department meets sanitation standards.

Menu Records

Copies of all menus served must be kept for at least three months or per federal and/or state requirements. Records must include:

- The planned menu
- Any substitutions made
- Notes on special holiday meals or themed menus

Menu records help verify compliance with dietary standards and can be reviewed during inspections.

Diet Orders

Up-to-date diet orders must be kept in both the dietary system and the nursing records. Staff must:

- Review new or changed diet orders immediately
- Communicate changes to production and service staff without delay
- Ensure diet lists and meal tickets match current orders

Accurate diet orders help protect resident/patient safety and prevent diet-related errors.

Training Records

Each employee must have a documented history of all training they have completed. Records must include:

- Orientation completion
- Annual in-service training
- Food safety certifications (e.g., SERV Safe, food handler certificate)
- Any specialized training such as texture testing or equipment training

These records are kept in the personnel file for regulatory review.

State-Specific Regulations

Purpose

To ensure the Food & Nutrition Services Department follows all state-level rules that apply to food service in long-term care facilities. Since each state may have unique requirements, this section ensures that staff understand and comply with those rules. Following state-specific regulations helps maintain safety, protects residents/patients and keeps the facility's license in good standing.

Overview of State Requirements

Each state may have its own additional rules or may modify federal regulations. This can include:

- Food safety requirements
- Dietary and nutrition standards
- Equipment or facility standards
- Licensing expectations

The facility must keep an up-to-date summary of these requirements so staff can access and follow them.

Please note: For State Specific Requirements and Regulation please kindly refer to Appendix A

Food Code Variations

Although many states use the FDA Food Code, some make changes. These may include:

- Different cooking or holding temperature limits
- Specific handwashing rules
- Labeling requirements for prepared foods
- Restrictions on certain food items

The Food & Nutrition Services Manager must review the state food code at least once a year and update policies if there are changes. If conflicting guidelines arise, adhere to the most restrictive guideline.

Licensing & Certification

Some states require food service managers, dietary managers, or directors to hold a state-issued license or certification. The department must:

- Verify credentials before employment
- Track renewal dates
- Keep copies of certificates in personnel records

This ensures leadership meets regulatory standards.

Inspections

State agencies may conduct routine or unannounced inspections. The department must:

- Keep all inspection reports on file
- Document any corrective actions taken
- Maintain proof of follow-up or re-inspection if required

Inspection files must be organized and easily available for auditors or surveyors.

Emergency Preparedness Rules

Some states have extra rules for emergency food service. These may include:

- Required generator capacity to power kitchen equipment
- Minimum amounts of shelf-stable food and water
- Plans for feeding residents/patients during evacuations or long power outages

These requirements must be included in the facility's emergency operations plan and reviewed annually.

Appendices

Appendix A: State Specific Requirements and Regulations

Examples Only; please refer to your specific state requirement as needed

1. High-Regulation States

California

- Adopts the California Retail Food Code (CalCode), with extra structural and sanitation requirements for healthcare foodservices.
- Requires state-issued Food Handler Cards for all staff, renewed every 3 years.
- Enforces 7-day emergency food supply (most states require 3).
- Mandates written allergen labeling on menus and food containers.
- Strong local health department oversight; inspections can be unannounced and frequent.

New York

- Uses its own Sanitary Code, Part 14, with additional recordkeeping and menu documentation rules.
- Requires menus and substitutions approved by a licensed RD.
- Mandates quarterly internal sanitation audits.
- Strict oversight of therapeutic diet implementation and allergy management.
- Requires a written "Nutrition Care Policy" reviewed annually by the facility dietitian.

Massachusetts

- The Department of Public Health 105 CMR 150 regulates long-term care dietary services separately from general food establishments.
- Requires menu posting and resident/patient choice documentation.
- Mandates that a licensed dietitian or qualified supervisor be on-site or on-call.
- Enforces kitchen design and equipment standards higher than those in most states.

Oregon

- Adopts its own Food Sanitation Rules, based on but more restrictive than the FDA Food Code.
- Requires temperature monitoring of dish machines and sanitizers with written logs.
- Mandates infection control protocols for shared dining areas reviewed annually.

2. Moderate-Regulation States

Texas

- Based on the 2017 FDA Food Code, but the Texas Food Establishment Rules (TFER) add:
  - Requirement for certified dietary manager or equivalent.
  - Annual HHSC inspection for food and nutrition compliance.
  - 3-day emergency food supply.
  - Specific corrective action timelines (10–30 days) for inspection deficiencies.

Florida

- Requires certified food protection managers on duty at all times during food preparation.
- State's hurricane preparedness rules extend to emergency meal continuity and generator requirements.
- Coordination with county emergency management offices during disasters.
- Enforces temperature log retention for two years.
- Pinellas County requires 7-day supply of non-perishables

Illinois

- The Illinois Department of Public Health (IDPH) mandates quarterly review of menus by an RD.
- Enforces dietary staffing minimums and food inventory verification during state surveys.
- Requires documented collaboration between dietary and nursing on resident/patient nutritional status.

Pennsylvania

- Uses 28 Pa. Code § 201.1–211.5, mandating dietary oversight by a qualified dietitian.
- Requires nutritional adequacy audits at least annually.
- Mandates written meal substitution documentation when deviations from the menu occur.

3. Lower-Variation or Aligned States

States such as **Ohio, Michigan, Georgia, North Carolina, Colorado,** and **Arizona** primarily follow the FDA Food Code without major modifications, though they may have:

- Specific training hour requirements for food handlers.
- Slightly different temperature thresholds (e.g., 130°F vs. 135°F hot holding).
- Minor documentation differences (e.g., 6 months vs. 1 year for record retention).

4. Special Situations & Regional Variations

Alaska & Hawaii:

- Require adaptation for isolated locations — extra focus on emergency supply stockpiling and alternate cooking methods in outages.

Washington:

- Requires written "Dining Service Policies" reviewed by local health authorities and mandates menu substitutions be "nutritionally equivalent and documented."

Minnesota:

- Integrates food service under Minnesota Rules Chapter 4658, requiring that menus accommodate resident/patient preferences and be signed by an RD quarterly.

Nevada:

- Enforces Food Protection Manager certification under NAC 446 for all LTC kitchen supervisors.

Resources & References

1. eCFR.gov (§ 483.60 Food and nutrition services)
2. FDA Food Code (model code for retail & institutional food service; hygiene, TCS, cleaning/sanitizing, waste)
3. CDC.gov (Food Service Guidelines for Federal Facilities)
4. OSHA.gov (An Overview: Recording Work-Related Injuries and Illnesses)
5. FDA Employee Health & Personal Hygiene Handbook (illness reporting, hand hygiene, RTE food handling; norovirus cleanup)
6. OSHA 29 CFR 1910.141 – Sanitation (sanitary workplace, handwashing facilities)
7. CDC – Food Service Guidelines / Food Safety (infection prevention best practices in food service)
8. CMS State Operations Manual – Appendix PP (infection control expectations in LTC; context for surveyors)
9. FDA's State Retail and Food Service Codes – state specific food safety rules and links to their specific food codes and regulations.
10. Appendix PP – §483.60
11. FDA 21 CFR Part 7 Subpart C (Recalls)
12. FDA Regulatory Procedures Manual, Chapter 7
13. FSMA requirements for traceability and preventive controls
14. Association of Nutrition & Foodservice Professionals (ANFP) – provide detailed state-by-state guidance on staffing and credential requirements for those working in the food & nutrition services settings.
15. FDA Food Code (2022 / current posting)—Retail Food Protection portal and full document (date marking, storage protection, approved sources). [fda.gov], [fda.gov]
16. 21 CFR Part 117—CGMPs; Preventive Controls; Subpart G (Supply-Chain Program); Warehousing & Distribution; Records. [ecfr.io], [ecfr.gov]
17. Date Marking (7-day)—FDA Food Code §3-501.17 explainer. [fda.gov]
18. Emergency Food Safety—FDA and CDC power-outage guidance; FoodSafety.gov/USDA FSIS discard/refreeze rules. [fda.gov], [cdc.gov], [foodsafety.gov], [fsis.usda.gov]
19. Dry/Cold Storage Best Practices—USDA/CDE temperature guidance; general dry storage conditions (temperature/humidity). [cde.ca.gov], [safetyculture.com]
20. State/Program Date-Marking Compilations (for cross-checks)—AFDO; local adaptations. [afdo.org]

State Examples (Optional Call-outs)

Texas Food Handler Mandate (training within 60 days; on-site records)

California Retail Food Code (handwashing specifics; personal cleanliness/hygienic practices)

Nutrition Care Manual (NCM)

IDDSI

FDA Food Code 2022

Food Safety Standards – National Agricultural Library - USDA



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